

▼

12/2/2016

**NOTE: (\*)** Asterisked Fields are Required

Date of Birth \* SSN (last 4) \*

## Client Status

Discharge Reason \*

Unable To Locate



Discharge Date \*

04/28/2017



Out

Cl

Do you have health insurance? \*

☐ Medicaid ☐ Private Insurance ☐ Uninsured

Required

Are you a student? \*

☐ Yes ☐ No

Required

Current Education Level \*

Select Grade



Required

Do you have a GE

☐ Yes ☐ No

Required

Are you employed? \*

☐ Yes ☐ No

Required

Mother's Income \$ \*

Required

Frequency of Pay \*

- Select -



Marital Status \*

- Select -



Required

Household Size \*

Select Number



Required

Living Arrangements \*

- Select -

Do you smoke cigarettes? \*

☐ Yes ☐ No

Required

Do you use street (illegal) drugs? \*

☐ Yes ☐ No

Required

Do you drink alco

☐ Yes ☐ No

Required